



## Registration Application for Single Family Rental Property

☐ Initial Application ☐ Renewal Application with updates

**Incomplete or non-legible applications will be returned.**

### Property Information

☐ Collin

Address: \_\_\_\_\_ County: ☐ Denton

Parcel #: \_\_\_\_\_ # of Stories: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

**Required Information by ordinance in bold:** *Name, complete address (where you live or work), working phone number.* The information below helps us to contact you or your representative more quickly of potential code related matters. The property owner is responsible for all violations on the property. The City's goal is to be able to contact you quickly when there is a problem so that you have time to address the matter with the tenant before enforcement action is taken.

### Property Owner Information

<b>Name</b>		Type <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other	
DOB	Drivers License Number	DL Issuing State	
<b>Address (No P.O. Boxes)</b>		<b>City</b>	<b>State</b> <b>Zip</b>
<b>Home Phone</b> <input type="checkbox"/> or	<b>Work Phone</b> <input type="checkbox"/>	Cell Phone <input type="checkbox"/>	Fax
Email <input type="checkbox"/>			Please indicate by <input checked="" type="checkbox"/> which method you prefer to be contacted

### Management Company, Operator, Agent or Contact Person (If Used)

<b>Name</b>		Type <input type="checkbox"/> Management Company <input type="checkbox"/> Operator <input type="checkbox"/> Agent <input type="checkbox"/> Local Contact Person	
<b>Address</b>		<b>City</b>	<b>State</b> <b>Zip</b>
<b>Home Phone</b> <input type="checkbox"/> or	<b>Work Phone</b> <input type="checkbox"/>	Cell Phone <input type="checkbox"/>	Fax
Email <input type="checkbox"/>			Please indicate by <input type="checkbox"/> which method you prefer to be contacted

- I hereby certify that all information has been reviewed and is complete and correct.
- I understand that this registration is not transferable to another person or entity.
- I understand that any changes must be reported within 7 days
- **I hereby certify that the single family rental property that is the basis of this application is equipped, as of the date of this application, with smoke detector devices as are required by code and that are in proper working order.**

\_\_\_\_\_  
Owner or Agent Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

City of Frisco · George A. Purefoy Municipal Center  
6101 Frisco Square Blvd · Frisco · Texas · 75034  
Fax (972) 292-5388